In re Application of:				Docket No.	Docket No. 00862.023466		
Takaaki End	o, et al.						
Application No.: 10/779,791				Examiner: Y	Examiner: Yogesh K. Aggarwal		
Filed: February 18, 2004				Group Art Unit: 2622			
For: IMAGE PROCESSING APPARATUS AND IMAGE PROCESSING METHOD				Confirmatio	Confirmation No.: 9849		
				November 6	November 6, 2008		
P.O. Box 14	er for Patents						
Sir:							
	herewith is an Ame above-identified ap		ith 17 replacement	sheets of formal	drawings c	omprising Figures	
X No add	litional claims fee i	s required.					
The fee has l	peen calculated as s	hown belov	W				
		T	CLAIMS AS AMEN	DED	Γ	Γ	
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	11	MINUS	20	= 0	x \$26 \$52	\$0.00	
INDEP. CLAIMS	5	MINUS	6	= 0	x \$110 \$220	\$0.00	
Fee for Multiple Dependent claims \$195/\$390						\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00	
	ed Statement claimi		ntity status is enclos	_	previously.		

Charge \$_____ to Deposit Account No. 06-1205 to cover the _____ fees.

X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.					
	A check in the amount of \$ to cover the fee for a month extension is enclosed.					
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.					
X	Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.					
	Respectfully submitted,					
	/Daniel S. Glueck/ Daniel S. Glueck Attorney for Applicants Registration No. 37,838					

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

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